Proceso de Credencialización

PASO A PASO

Para Proveedores de Servicios de Salud Individual e Incorporado y sus Delegados

OCS

Oficina del Comisionado de Seguros de Puerto Rico

credencializacion.ocs.pr.gov

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Oficina del Comisionado de Seguros

Sign in

Sign in with your email address

Email Address

Password

Forgot your password?

Sign in

Don't have an account? Sign up now

Si no tiene su cuenta creada, o usa este sistema por primera vez, deberá hacer "clic" aquí...

User Details

Verification code has been sent to your inbox. Please copy it to the input box below.

juanadelpueblo1982@gmail.com   *

Verification Code   *

y escribir su correo electrónico para recibir el código de verificación de seguridad.

Verify your email address

Thanks for verifying your juanadelpueblo1982@gmail.com account!

Your code is: 199280

Sincerely,
Credential Validation

This message was sent from an unmonitored email address.
Please do not reply to this message.

Ejemplo del correo electrónico que recibiría...

< Cancel

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User Details

Verification code has been sent to your inbox. Please copy it to the input box below.

juanadelpueblo1982@gmail.com *

199280 *

[Verify code] [Send new code]

New Password *

Confirm New Password *

- Incluya el código de seguridad recibido

- Haga CLIC en **"Verify Code"**

- Complete el resto de su información

- Haga CLIC en **"Create"**

Para garantizar la seguridad de su cuenta, haga clic en **"Send Verification Code"** y acceda a su correo electrónico.

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User Details

Verification is necessary. Please click Send button.

Email Address

j***********@gmail.com *

Send verification code

Continue

Verify your email address

Thanks for verifying your juanadelpueblo1982@gmail.com account!

Your code is: 284772

Sincerely,
Credential Validation

This message was sent from an unmonitored email address.
Please do not reply to this message.

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"Ejemplo del correo electrónico que recibiría..."

Hello Dr. Mendez

Welcome to the Individual and Incorporated Providers Credentialing Application. Here are things you can do:

Key Information

- You can start filling your form or invite your delegate any time.
- Find & download your uploaded documents and forms in My Documents.
- In case you need more information visit our Glossary.

Invite a Delegate   **Fill My Credentialing Application**

Inviting is easy
You can assign someone in your office or send it to a licensed CVO by inviting with their email address.

Let's get started
What do you want to know?

Su cuenta está debidamente registrada y lista para usar. Recuerde llenar su información personal antes de comenzar su proceso de credencialización.

Una vez haya completado su información personal, podrá comenzar a llenar el <u>Formulario Único</u> para su Proceso de Credencialización.

OCS Individual and Incorporated Providers
Credentialing Application

Logout   👤 joanvidot1982@gmail.com   **Fill My Credentialing Application**

✅ **Great!**

Your information has been sent successfully.

Go Home

COMPLETE SU INFORMACIÓN PROFESIONAL E INCLUYA SU:

- Certificado de NPI (Número de Proveedor de Identificación Nacional)

- Número de Licencia Médica de Puerto Rico

- Currículum Vitae

- Lista de Aceptación de Planes

r. Mendez!

are verified. Please complete the questions to proceed. All fields are

Key information

- It will take you approximately 20 min t form.
- You will need to have your documents
- In case you have a delegated assistant can invite here.
- Your information is secured, encrypte confidential.
- You can always Save for Later and con finish the form.

Si cuenta con una o varias oficinas, incluya los horarios de servicio, direccción y la información que se le solicita. Oprima **"Next"**.

Selected File Delete Change file

383372359_857853365902125_4440280570562307410_n.jpg

Provide the Penal Records Date of Issue *
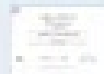
09/29/2021

Provide the Penal Records Date of Expiration *

10/06/2027

Curriculum Vitae*

Please attach your certificate as a .pdf document

Selected File Delete Change file

383372359_857853365902125_444020570562307410_n.jpg

3. Plan Acceptance

Plan Acceptance List*

MCS - Comercial x

Save for Later   Next

En esta sección del Formulario, deberá indicar su **Especialidad** y **Subespecialidad**, así como subir los certificados que lo avala. Oprima **"Next"**.

Specialties & Subspecialties

Add your details to finish your **Individual Practice Profile** .

⊕ Add another Specialty   ⊕ Add another Sub-Specialty

Select your Specialty *

Select your Sub-Specialty

Save for Later   Next

← Back

Incorporated Practice Profile
Add your details to finish your practice profile.

Incorporated Practice Profile   −

Required fields are marked with an asterisk(*)

Corporate Practice Name *

[   ]

Incorporation Effective Date *

[   ] 📅

Corporation NPI Number *
For example: 4281986

[   ]

10 characters allowed

Rendering NPI Number *
For example: 4281986

[   ]

10 characters allowed

Corporate Tax ID based on: *

◯ EIN   ◯ SS-4

Corporate Tax ID Number *
We are required by law to collect your SSN. Enter
your SNN without any spaces or dashes.

[--] 👁

Si es Proovedor de Salud Incorporado, es importante que llene esta parte del formulario. Recuerde incluir su certificado de **"NPI"**, **"W9"**, **"Certificado de Corporación"** entre otros datos necesarios.

← Back

Primary Care Physician (PCP) Contract

Add your details to finish your profile.

Medicaid Program Only

Required fields are marked with an asterisk(*)

Group Name or PMG Name *

[   ]

Billing NPI Number *
For example: 4281986

[   ]

10 characters allowed

Tax ID Group Number *
10 characters allowed

[   ]

Medicaid ID for this Location *

[   ]

NPI Group Number *
For example: 4281986

[   ]

10 characters allowed

Physical Address

Street address 1 *

[   ]

Street address 2 (if apply)

[   ]

Usted, como profesional de la salud que brinda servicios primarios y coordina la atención de un paciente en el sistema de atención médica, deberá completar los detalles que observa a su lado izquierdo y que forma parte de este **Formulario Único de Credencialización**.

Si desempeña sus funciones en Centros 330, deberá llenar la información provista en esta sección del Formulario para completar su perfil de Proveedor de Salud y su Proceso de Credencialización.

← Back

Federally Qualified Health Centers (330)

Add your details to finish your practice profile.

Required fields are marked with an asterisk(*)

Group Name or PMG Name *

Billing NPI Number *
For example: 4281986

10 characters allowed

Tax ID Group Number *
10 characters allowed

Medicaid ID for this Location *

NPI Group Number *
For example: 4281986

10 characters allowed

Physical Address

Street address 1 *

Street address 2 (if apply)

City *

← Back

Hospital Affiliations

Add your details to fill out your information about your Affiliated Hospitals.

Required fields are marked with an asterisk(*)

Primary Hospital

Hospital Name *

[⌄]

Select Hospital Privileges Type *

[⌄]

Hospital Privileges Effective Date *

	Month	Year
From	mm	yyyy
	Month	Year

Es de suma importancia que provea información detallada y correcta sobre sus hospitales afiliados. No olvide oprimir **"Next"** o **"Save for Later"**.

← Back

Education and Training

Add your details to finish your practice profile.

Medical School

Medical School 1 * —

Required fields are marked with an asterisk(*)

Medical School Name *

Street address 1 *

Street address 2 (optional)

City *

State, territory, or military post *

Por último, debe proveer información sobre su **educación**, **Internado**, **Residencia**, *Fellowship*, **Licencias** y **Certificados**.

Asegure haber leído los **"Términos y Condiciones"** y verificar que todos sus documentos estén subidos y en **formato PDF**.

← Back

Ready to Send?

You are ready to send your credentialization information & documents. Please review that all your information is correct.

1 ──────── **2** ──────── **3**
Verify Information   **Verify Documents**   Completed

☑ By clicking here I state that I have read and understood all Terms and Conditions.
I review all information and documents. This represent a digital signature.

Go Home   Submit

Hello Dr. Mendez

Welcome to the Individual and Incorporated Providers Credentialing Application. Here are things you can do:

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Fill My Credentialing Application

Inviting is easy

You can assign someone in your office or send it to a licensed CVO by inviting with their email address.

Let's get started

What do you want to know?

Como Proveedor de Salud, usted tiene derecho a designar un **Delegado** que le asista en **el manejo de los documentos e información requeridos** como parte de su proceso de credencialización.

También nuestro Sistema cuenta con un **Glosario** con información útil para hacer más fácil su Proceso de Credencialización.

Understand the concepts with the Glossary

If you are a Insurance Clerk in your organization trying to get started, learn more here.

Learn More

← Go back

Glossary
Terms and definitions

National Provider Identifier (NPI):

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard, unique health identifier for each health care provider. NPI stands for National Provider Identifier. It is a unique identification number assigned to healthcare providers in the United States. The NPI is a 10-digit alphanumeric identifier that is used to identify individual healthcare providers, such as physicians, nurses, dentists, and other healthcare professionals, as well as organizations, such as hospitals, clinics, and healthcare facilities. The NPI was introduced as part of the Health Insurance Portability and Accountability Act (HIPAA) in 2004. Its purpose is to improve the efficiency and effectiveness of electronic transactions and communications in the healthcare industry.

The NPI serves several important functions:

- **Provider Identification:** The NPI serves as a standardized identifier for healthcare providers, replacing various other identification numbers that were previously used. It ensures consistency and accuracy in provider identification across different healthcare systems and transactions.

- **Claims Processing:** Insurance companies and other payers use the NPI to process healthcare claims. By using the NPI, providers can be accurately identified and reimbursed for their services

- **Electronic Health Records (EHRs):** The NPI is often included in electronic health records and other health information systems. It helps link patient information to the specific healthcare provider who rendered the care.

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GLOSARIO

IMPORTANTE

- **Completar el formulario toma** aproximadamente 20 minutos
- Recuerde tener sus documentos **en formato PDF**
- **Puede designar un Delegado** que le asista en el manejo de los documentos e información requeridos como parte de su proceso de credencialización
- Su información está **segura, encriptada y confidencial**, y siempre puede "guardar" y "regresar" para terminar el formulario

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Para dudas o preguntas puede comunicarse a través del 787-304-8686 ext. 2412 o mediante correo electrónico a: credenciales@ocs.pr.gov

En la Oficina del Comisionado de Seguros, SIMPLIFICAMOS su Proceso de Credencialización.

Mantenga su credencialización al día
credencializacion.ocs.pr.gov